

Editorials

In European public health we trust?

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It is now 3 months since the British people voted narrowly to leave the European Union (EU). The absence of any agreement on what the alternative is, or a coherent plan to achieve it means that this may not actually happen. However, the resulting uncertainty creates major challenges, not only for the UK, which has suffered immediate economic damage, but also for the rest of Europe.

One thing is clear. Both in the UK, and in other Member States seeing growing support for Eurosceptic parties, the positive case for Europe is being overlooked or even rejected. Sixty-five years on it is easy to forget why the then European Economic Community was created. As set out in the Schuman Declaration, this was to 'safeguard world peace by making creative efforts proportionate to the dangers which threaten it', with success recognised in the award of the 2012 Nobel Peace Prize. However, the signatories saw this as a continuous process, whereby 'Europe will not be made all at once, or according to a single plan. It will be built through concrete achievements which first create a *de facto* solidarity.'

Among these achievements are measures to safeguard and improve health, especially since the 1992 Maastricht Treaty, which expanded EU competence in public health. Actions by DG Santé and DG Research have strengthened European public health, with EUPHA participating in projects such as SPHERE (Strengthening public health in the European region), PHIRE (public health innovation and research in Europe) and STEPS (Strengthening engagement in public health research). These, and many other activities, have promoted a sense of European identity and solidarity. There have, however, been times when EU actions may have moved faster than popular commitment to European solidarity. One was the removal of restrictions on freedom of movement for citizens of Eastern European countries, leading to large scale migration. Another was the premature inclusion of Greece in the Eurozone. Most recently, European solidarity has come under profound pressure from mass migration from the Middle East and North Africa, with some Member States erecting physical barriers to stop them.

It may, however, be that the UK vote is a wake up call. Already, support for the EU is surging in many Member States, as the consequences for the UK become apparent.¹ Leading European politicians are discovering the importance of engaging with those who feel they have been left behind by the forces of globalisation and the imperative to strengthen the social dimension of Europe. On the other hand, there is a danger that the UK vote will encourage those politicians who wish to undermine solidarity, both within and among Member States. It is unsurprising that Donald Trump is one of the very few foreign politicians to welcome it.

So where now for European public health? Threats to public health ignore national borders. As the Swedish prime minister recently reminded us, citing John Donne, an English poet (1572–1631)²:

No man is an island,
 Entire of itself,
 Every man is a piece of the continent,
 A part of the main.

If a clod be washed away by the sea,
 Europe is the less.

As EUPHA, we are inevitably concerned by the impact that the uncertainty created by the Brexit vote will have on European public health and the health of Europe's citizens. Our current president has described Brexit as 'a confused concept that threatens public health'³ and our current and past presidents and president-elect have called upon political leaders to ensure that safeguarding the health of citizens in the UK and the rest of the European Union is a *priority* should the UK ever initiate negotiations under Article 50 of the Treaty.⁴

Whatever it finally decides, the UK will have to engage somehow with the rest of Europe, even if the arrangements are less beneficial for it than at present. We in EUPHA are committed to promoting mechanisms that enable continued collaboration as a basis of strong public health and even stronger public health research. The European projects, mentioned above, in which we have participated all involved intensive collaboration with our member organisations, including those in the UK. They, and European public health in general, have benefited from British involvement, with the UK playing a leadership role in areas such as the fight against tobacco and anti-microbial resistance. The UK, in turn, has benefitted from the experiences of other European countries in road safety and environmental health.

EUPHA will continue to build, develop, guide and nurture European public health. And we will do this together with all our members, including public health professionals in the UK. As WHO Europe stated in their 2015 report: 'International cooperation is the key to advancing the agenda for research and envelopment for health information, and working to secure health information and evidence for the 21st century'.⁵ EUPHA encourages open dialogue to achieve the '*de facto*' solidarity that will allow European public health professionals to achieve concrete success. European public health without the UK is unimaginable and EUPHA will continue to speak out to ensure that European public health remains a *priority* in the whole of Europe.

References

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